

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 0245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR HILLIARD OIL & GAS, INC.	8. FARM OR LEASE NAME McELVAIN-FEDERAL
3. ADDRESS OF OPERATOR 906 Building of the Southwest, Midland, Texas 79701	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1980' FEL	10. FIELD AND POOL, OR WILDCAT E-K Bone Springs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-18-S, R-34-E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3877' RKB 3894'
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Re-set Intermediate csg.</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Drilled 11" hole to 3182' in random sidetrack hole. Drilled w/light weight on bit to control deviation to 2 deg. maximum.
2. Set 8-5/8", 24# & 32#, K-55 casing @ 3182'. Cemented w/100 sx Halliburton Lite, 15# salt/sx, 1/4# Flocele/sx; followed w/150 sx Class "C", 1/4# Flocele/sx, 2% CaCl. Plug down @ 2:00 P.M. 12-28-75.
3. Installed wellhead & BOP's.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Vice Pres., Drlg. & Prod.

DATE

1-5-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

